



**REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF AGRICULTURE**

**APPLICATION FORM FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATION/S (CSO)
AS BENEFICIARY OF GOVERNMENT OR PUBLIC FUNDS**

Information on previous DA CSO Accreditation if applicable	
Previous DA CSO Accreditation No.	
Date Issued	
Date of Expiration	

BASIC INFORMATION:

Complete name of CSO (as stated/indicated on the registration papers)	
Other Name (e.g., acronym, short name, previous name, etc.)	
Principal address or place where the CSO operates as a group	No. and Street
	Barangay
	Municipality
	Province
	Zipcode
Head of CSO	Name
	Position/Designation
Contact Details	Landline No.
	Mobile No.
	Email Address
	Website
Coordinator/Staff-in-Charge of Branch or Satellite Office/s if there is any	Name
	Position/Designation
	Contact Number
Purposes or reasons for organizing or forming as a group	
Government Agencies (Gas) from which the CSO expects to receive public funds	
Estimated amount of public funds to be requested from the Gas	

SOCIAL PREPARATION: (USE ADDITIONAL SHEET IF NECESSARY)

Social Issue/Problem	Description of Program/Project	Geographical Location (pls. indicate specific Barangay, City/ Municipality, Province and Region)	Beneficiary Sector/s: (Fisher folks, Farmers, Persons with Disabilities, Children, Indigenous People, Older Persons, Cooperative members, mixed group, etc.)

AUTHORIZATION:

On behalf of the CSO Applicant, I hereby:

- (a) Authorize the DA to inspect the premises of the office(s) of the CSO Applicant, as well as the site of any past or present project or program of the CSO Applicant, and**
- (b) Authorize any concerned person to disclose the DA any fact material to the validation of any information provided by the CSO Applicant in this application or in any of the documents submitted in support thereof.**

AFFIANT- Authorized Representative	Signature	
	Name	
	Position/Designation	
Date executed		
Place executed		

SUBSCRIBED AND SWORN to before me, on the above date and place, affiant exhibiting the following identification document:

Government ID type and No.	
Place and date of issue	
Valid until	

Doc. No.		Signature	
Page No.		Name of Notary Public	
Book No.		Address	
Series of		Commission valid until	

BIO DATA

PICTURE

Personal Information

Name
Position in the Board
Home Address
Date of Birth
Contact Number
Email Address
Nationality

Educational Attainment

Employment Record

1. Position
Employer
Dates
Duties

2. Position
Employer
Dates
Duties

CERTIFICATION

I, the undersigned, certify that these data are true and correct

Signature

Date